

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006036

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 239

FILED FEB 18 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b: <b>66 years</b>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Protestant Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1215 E. Elm</b>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>ROSS</b> Last <b>LIKINS</b>		4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Executive</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paper Company</b>	
11. BIRTHPLACE (City and state or country) <b>Ash Grove, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles W. Likins</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Adah F. Likins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>None</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Adah F. Likins</b>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> DUE TO (b) <b>2 min</b> DUE TO (c) <b>2 min</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adenocarcinoma, cecum</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:40</b> a.m. <b>p.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Springfield</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>Feb. 1952</b> to <b>Feb. 12, 1963</b> and last saw him alive on <b>Feb. 12, 1963</b> Death occurred at <b>4:40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. Wendell Stewart</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>219 Professional Bldg. Springfield 4 Mo.</b>	
22c. DATE SIGNED <b>Feb 14 '63</b>		22d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>February 14, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	
24. FUNERAL DIRECTOR <b>Gorman-Scharpf Funeral Home, Inc.</b> <b>Springfield, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>2-14-63</b>	
26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Print  
2-13-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucas D. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**